

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90356 001 ***140.00

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1. Entity Name
ORGANIZATIONS' COMMITTEE FOR DAY CARE, INC.



Principal Place of Business

**4315 METRO PARKWAY
SUITE 400
FT MYERS, FL 33916**

Mailing Address

**4315 METRO PARKWAY
SUITE 400
FT MYERS, FL 33916**

66009212



01262006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-7249018

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**HEDGE, SUSAN L
3406 PALM BEACH BLVD.
FT MYERS, FL 33916**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C
MONTAGUE, GREG
8889 PELICAN BAY BLVD STE 101
NAPLES, FL 34408**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
WILSON, MARJORIE
1865 IBIS LANE
SANIBEL, FL 33957**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
HACKNEY, SHERL
2622 CORTEZ BLVD
FORT MYERS, FL 33901**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
MIKE, RHEA
14800 CRYSTAL COVE CT.
FORT MYERS, FL 33919**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

3-14-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

239-243-7541

Daytime Phone #